

AUG 24 2006

<b>FACSIMILE TRANSMITTAL FORM</b>	Application Number	10/732993
	Confirmation Number	8280
	Filing Date	December 11, 2003
	First Named Inventor	Spurgeon, Kathryn M.
	Examiner Name	
Fax: 571-273-8300	Attorney Docket Number	58980US002
Total Number of Pages in This Submission:		
Date: <b>AUG 24 2006</b>	Attorney for Applicant: Robert S. Moshrefzadeh	

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Amendment Transmittal	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Appeal Communication to Technology Center (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosures:
<input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR § 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts under 35 USC 371 in US Designated/ Elected Office (DO/EO/US)	<input type="checkbox"/> Request for Refund  <input type="checkbox"/> Request for Continued Examination (RCE) Transmittal	
<input type="checkbox"/> Drawings	<input type="checkbox"/> After Allowance Communication to Technology Center	
REMARKS:		

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION  
MAY CONTAIN CONFIDENTIAL OR LEGALLY PRIVILEGED INFORMATION  
INTENDED ONLY FOR THE PERSON OR ENTITY NAMED BELOW.

If you are not the intended recipient, please do not read, use, disclose, distribute or copy this transmission.  
If this transmission was received in error, please immediately notify me by telephone directly at 651-733-2297 or 651-733-1500, and we will arrange for its return at no cost to you.

BEST AVAILABLE COPY

AUG 24 2006

32692

Customer Number

Patent  
Case No.: 58980US002

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor: SPURGEON, KATHRYN M.

Application No.: 10/732993

Confirmation No.: 8280

Filed: December 11, 2003

Title: MICROSTRUCTURED SCREEN AND METHOD OF MANUFACTURING USING  
COEXTRUSIONAMENDMENT AND RESPONSE UNDER 37 CFR § 1.111Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR § 1.8(a)]

I hereby certify that this correspondence is being:

☐ deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.☒ transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at 571-273-8300.August 24, 2006  
DateVictoria K. Hanson  
Signed by:

Dear Sir:

This is in response to the outstanding Office Action, dated April 13, 2006, in the above-identified application.

BEST AVAILABLE COPY

Application No.: 10/732993

Case No.: 58980US002

Request for Extension of Time

Under the provisions of 37 CFR § 1.136(a), Applicant petitions to extend the period for filing a reply in the above-identified application. The requested extension and appropriate fee are as follows (check time period desired):

- ☐ 37 CFR § 1.17(a)(1) - Extension within first month  
☒ 37 CFR § 1.17(a)(2) - Extension within second month  
☐ 37 CFR § 1.17(a)(3) - Extension within third month  
☐ 37 CFR § 1.17(a)(4) - Extension within fourth month.

Please charge any fees due, or credit any overpayment to Deposit Account No. 13-3723.

One copy of this sheet marked duplicate is also enclosed.